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PATENT APPLICATION  
Attorney's Do. No. 5038-328

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: MAIL STOP PATENT APPLICATION, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450.

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Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Enclosed for filing is a patent application under 37 CFR 1.53(b) of:

Inventor: Robert C. Knauerhase, Vijay Tewari, Scott H. Robinson, Mic Bowman and  
Milan Milenkovic

For: **DYNAMIC VIRTUAL MACHINE SERVICE PROVIDER ALLOCATION**

Applicant requests FIG. 1 to be published with the application.

Enclosures:

- Specification (pages 1-15); claims (pages 16-21); abstract (page 22)
- 8 sheet(s) of FORMAL drawings
- Declaration or Combined Declaration and Power of Attorney
  - Newly executed (original or copy)
  - Copy from a prior application (37 CFR 1.63(d))
  - Incorporation by Reference--The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- Deletion of Inventors (signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b)
- Power of Attorney
- Assignment with cover sheet

Assignee Name and Address:

- Certified copy of Priority Document No. \_\_\_\_\_, filed \_\_\_\_\_  
 Request and Certification Under 35 U.S.C. 122(b)(2)(B)(i) for Nonpublication  
 Information Disclosure Statement with Form PTO 1449  
 Copies of references listed on attached Form PTO-1449  
 Preliminary Amendment  
 Change of Address  
 Return Postcard

<u>CLAIMS AS FILED</u>				
For	Number Filed	Number Extra	Rate	Basic Fee \$770
Total Claims	37-20	17	x \$ 18 =	306
Independent Claims	4-3	1	x \$ 86 =	86
Multiple Dependent Claim Fee			x \$290 =	
<b>TOTAL FILING FEE</b>				<b>\$1,162.00</b>

Customer No. 20575

Respectfully submitted,

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